CHAPTER 2
SECTION 8

INSTITUTIONAL/NON-INSTITUTIONAL RECORD DATA ELEMENTS (Q - S)

DATA ELEMENT DEFINITION

ELEMENT NAME:	REASON FOR ADJUSTMENT

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-195	1	Yes[1]
Non-Institutional	2-200	1	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	Code that indicates the primary reason for the positive or negative HCSR.

CODE/VALUE SPECIFICATIONS	**Positive/Statistical Adjustments**	
	A	Adjustment due to non-contractor error
	B	Adjustment due to contractor error
	C	Adjustment due to prior contractor error
	Negative Adjustments/Cancellations	
	D	Adjustment due to non-contractor error
	E	Adjustment due to contractor error
	F	Adjustment due to prior contractor error

ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING CODE

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Required if applicable to HCSR conditions. Refer to Chapter 1, Section 3, paragraph 3.0. for adjustment reporting procedures.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	REASON FOR ISSUANCE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-202	1	Yes
Non-Institutional	2-207	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	The Reason For Issuance indicates why the care was not or cannot be provided by a Military Treatment Facility.
CODE/VALUE SPECIFICATIONS	Submit in same format as DEERS response.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
Download from DEERS; if not applicable report blanks.

DATA ELEMENT DEFINITION

ELEMENT NAME:	REASON FOR PAYMENT REDUCTION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-113	1	Yes[1]
Non-Institutional	2-113	1	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric characters.

DEFINITION	Reason Payment Reduction Assessed.

CODE/VALUE SPECIFICATIONS	A	Mental Health Pre-Authorization Not Obtained.
	B	Adjunctive Dental Care Pre-Authorization Not Obtained
	C	Procedure/Services in TRICARE Regions Care Not Authorized

ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
 [1] **If not applicable, space filled.**

DATA ELEMENT DEFINITION

ELEMENT NAME: RECORD TYPE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-001	1	Yes[1]
Non-Institutional	2-001	1	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	Code to indicate the type of record.
CODE/VALUE SPECIFICATIONS	1 Institutional
	2 Non-Institutional
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
  [1] See the Chapter 1, Section 3, paragraph 1.0. for further instructions.

DATA ELEMENT DEFINITION

ELEMENT NAME:	REVENUE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-365	Up to 50	Yes[1]

PRIMARY PICTURE (FORMAT)	Four (4) alphanumeric characters.
DEFINITION	Code which identifies revenue categories associated with the type of service rendered. Like revenue codes should be summarized to one occurrence for reporting on the HCSR. Room and board revenue codes can be summarized if the code and rate are the same. Denied revenue codes must be reported on separate occurrence(s) within the HCSR.
CODE/VALUE SPECIFICATIONS	See Addendum F.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Revenue code 001 (Total Charge) must be reported for each HCSR. (Units of Service must be zero on the Revenue Code 001 occurrence.)**

DATA ELEMENT DEFINITION

ELEMENT NAME: REVENUE DATA OCCURRENCE COUNT

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-360	1	Yes

PRIMARY PICTURE (FORMAT)	Two (2) unsigned numeric digits.
DEFINITION	The number of sets of revenue codes and related data elements that occur on the record.
CODE/VALUE SPECIFICATIONS	Must be greater than 0 and less than 51.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
  N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	SECONDARY OPERATION/NON-SURGICAL PROCEDURE CODES

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-345/350/353	5	Yes[1]

PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.
DEFINITION	Codes identifying the procedures, other than the principal procedure, performed during the period covered by the HCSR.
CODE/VALUE SPECIFICATIONS	See International Classification of Diseases - Clinical Modification, Edition 9, Volume 3, for valid ICD-9-CM Operation/Non-surgical codes. Must code the most detailed procedure. Must limit to 4 of 5 positions available. Must be left justified and blank filled. Do not code a decimal point which is always assumed to follow the second position. Blank fill if not available.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
 [1] **Required if available.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	SECONDARY TREATMENT DIAGNOSIS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-320/325/ 330/335-339	8	Yes[1]
Non-Institutional	2-260/265/ 270/275	4	Yes[1]

PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric characters.
DEFINITION	Code corresponding to additional conditions that co-exist at the time of admission or during the treatment encounter.
CODE/VALUE SPECIFICATIONS	Use the most current diagnoses edition as directed by TMA. Must code the most detailed procedure. Must limit to 5 of 6 positions available. Code must be left justified and blank filled. Do not code the decimal point, which is always assumed to be following the third position. Blank fill if not available.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
 [1] Required if available.

DATA ELEMENT DEFINITION

ELEMENT NAME:	SEQUENCE NUMBER		

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-020	1	Yes
Non-Institutional	2-020	1	Yes

PRIMARY PICTURE (FORMAT)	Five (5) alphanumeric characters.
DEFINITION	A sequential number assigned by the contractor to identify the individual HCSR. Once assigned, the sequence number cannot be re-used with the same Filing Date, Filing State/Country, and HCSR Suffix.
CODE/VALUE SPECIFICATIONS	The sequential identifying number assigned by the contractor.
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	INTERNAL CONTROL NUMBER

NOTES AND SPECIAL INSTRUCTIONS:
  N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	SOURCE OF ADMISSION

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-265	1	Yes

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	Code indicating admission referral source.

CODE/VALUE SPECIFICATIONS		Source Of Admission Codes	
	1	Physician Referral	The patient was admitted to this facility upon the recommendation of his or her personal physician.
	2	Clinic Referral	The patient was admitted to this facility upon recommendation of this facility's clinic physician.
	3	HMO Referral	The patient was admitted to this facility upon the recommendation of a health maintenance organization physician.
	4	Transfer from a Hospital	The patient was admitted to this facility as a transfer from an acute care facility where he or she was an inpatient.
	5	Transfer from a Skilled Nursing Facility	The patient was admitted to this facility as a transfer from a skilled nursing facility where he or she was an inpatient.
	6	Transfer from Another Health Care Facility	The patient was admitted to this facility as a transfer from a health care facility other than an acute care facility or a skilled nursing facility.
	7	Emergency	The patient was admitted to this facility upon the recommendation of this facility's emergency room physician.

NOTES AND SPECIAL INSTRUCTIONS: N/A

DATA ELEMENT DEFINITION

ELEMENT NAME: SOURCE OF ADMISSION (CONTINUED)			
CODE/VALUE SPECIFICATIONS (CONTINUED)	8	Court/Law Enforcement	The patient was admitted to this facility upon the direction of a court of law, or upon the request of a law enforcement agency representative.
	9	Information Not Available	The means by which the patient was admitted to this hospital is not known.
	Code Structure for Newborn		
	A	Normal Delivery	A baby delivered without complications
	B	Premature Delivery	A baby delivered with time and/or weight factors qualifying it for premature status
	C	Sick Baby	A baby delivered with medical complications, other than those relating to premature status
	D	Extramural Birth	A newborn born in a non-sterile environment
ALGORITHM	N/A		

SUBORDINATE AND/OR GROUP ELEMENTS	
SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
N/A

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPECIAL PROCESSING CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-197	3	Yes[1]
Non-Institutional	2-202	3	Yes[1]

PRIMARY PICTURE (FORMAT)	Six (6) alphanumeric characters.
DEFINITION	Code indicating care that requires special processing.

CODE/VALUE SPECIFICATIONS	0	Hospice Non-Affiliated Provider
	1	Medicaid
	2	Cooperative Care
	3	Allogeneic Bone Marrow Recipient (Wilford Hall referred only)
	4	Allogeneic Bone Marrow Donor (Wilford Hall referred only)
	5	Liver Transplant
	6	Home Health Care (Non-Institutional Only)
	7	Heart Transplant
	8	Contracted Provider Arrangement (only valid for Mid-Atlantic Region)
	9	Fort Drum Cooperative Medical Care
	A	Partnership Program (Internal Providers with signed agreements)
	B	Partnership Program (External with signed agreements)
	C	Partnership Program (External Provider without a signed agreement who assisted or provided ancillary support)
	D	DRG qualifying for interim payment (Institutional only)
	E	Home Health Care/Case Management (HHC/CM) Demonstration

NOTES AND SPECIAL INSTRUCTIONS:
 [1] **Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.**
 [2] **This code is to be used for services provided in a designated STS Facility on or after 03/01/97.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPECIAL PROCESSING CODE (CONTINUED)	
CODE/VALUE SPECIFICATIONS (CONTINUED)	F	Reynolds Army Community Hospital (Ft. Sill, OK)
	G	Evans Army Community Hospital (Ft. Carson, CO)
	H	Charleston Naval Hospital Catchment Area
	I	Bergstrom AFB Catchment Area
	J	Luke/Williams AFB Catchment Area
	K	Georgia/Florida PPO
	L	Chiropractic Care Demonstration
	M	Health Care Finder and Participating Provider Program
	N	CHAMPUS Select
	O	Charleston Naval Hospital CAMCHAS MTF Services
	P	Reserved
	Q	Active Duty Delayed Deductible
	R	Medicare/TRICARE Dual Entitlement
	S	Resource Sharing
	T	Medicare/TRICARE Dual Entitlement (normal COB processing)
	U	BRAC Medicare pharmacy (Section 702) claim (Terminated 04/01/2001)
	V	At-risk payment by at-risk claims processor
	W	Not-At-Risk payment by at-risk claims processor
	X	Partial hospitalization - provider not contracted with or employed by the partial hospitalization program billing for psychotherapy services in a partial hospitalization program
	Y	Heart-Lung Transplant

NOTES AND SPECIAL INSTRUCTIONS:
[1] **Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.**
[2] **This code is to be used for services provided in a designated STS Facility on or after 03/01/97.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPECIAL PROCESSING CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	Z	Combined Liver-Kidney Transplant or Kidney only after March 1, 1997
	!	Northern Region Coordinated Care
	@	Active Duty Cost Share Ambulatory Surgery Taken From Professional Claim
	#	Hospice
	$	Capitated arrangements
	%	Abused Family Member
	&	Bone Marrow Transplants - TMA approved
	*	VA Medical Center Claim
	?	Ambulatory Surgery Facility Charge
	AB	Abused Dependent of Discharged or Dismissed Member, Not-at-risk Payment of MCS Contractor
	AD	Active Duty Claims (Effective 9/30/99)
	AN	Supplemental Health Care Program - Non-MTF-Referred Care (Effective 10/1/99)
	AR	Supplemental Health Care Program - Referred Care (Effective 10/1/99)
	BD	Bosnia Deductible - (Effective 12/08/95)
	CE	Supplemental Health Care Program - Comprehensive Clinical Evaluation Program (Effective 10/1/99)
	EU	Emergency services rendered by an unauthorized provider (Effective 6/1/99)
	GU	Active Duty Service Member enrolled in TRICARE Prime Remote; not at risk payment by MCS contractor (Effective 10/1/99)
	KO	Allied Forces - Kosovo (Effective 6/1/99)
	MH	Mental Health Active Duty Cost Share

NOTES AND SPECIAL INSTRUCTIONS:
[1] Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.
[2] This code is to be used for services provided in a designated STS Facility on or after 03/01/97.

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPECIAL PROCESSING CODE (CONTINUED)	
CODE/VALUE SPECIFICATIONS (CONTINUED)	MS	TRICARE Senior Prime (Network) (Effective 01/01/1998 through 12/31/2001)
	MN	TRICARE Senior Prime (Non-Network) (Effective 01/01/1998 through 12/31/2001)
	PD	Pharmacy Redesign Pilot Program (Effective 07/01/2000 through 04/01/2001)
	PO	TRICARE Prime - Point of Service
	SC	Supplemental Health Care Program - Non-TRICARE Eligible (Effective 10/01/1999)
	SE	Supplemental Health Care Program - TRICARE Eligible (Effective 10/01/1999)
	SM	Supplemental Health Care Program - Emergency (Effective 10/01/1999)
	SN	TRICARE Senior Supplement (Non-Network)
	SP	Special and Emergent Care (Effective 06/01/1999)
	ST[2]	Specialized Treatment
	SS	TRICARE Senior Supplement (Network)
	WR	Mental Health Wraparound Demonstration
ALGORITHM N/A		

SUBORDINATE AND/OR GROUP ELEMENTS	
SUBORDINATE	GROUP
N/A	PROCESSING CODE

NOTES AND SPECIAL INSTRUCTIONS:
[1] Required if HCSR processing is applicable to special processing conditions. Can report from 1 to 3 codes, left justify and blank fill. Do not duplicate. Each code is two (2) characters. Left justify and blank fill.
[2] This code is to be used for services provided in a designated STS Facility on or after 03/01/97.

DATA ELEMENT DEFINITION

ELEMENT NAME: SPECIAL RATE CODE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-198	1	Yes
Non-Institutional	2-203	1	Yes

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.
DEFINITION	Code indicating care that requires special rate.

CODE/VALUE SPECIFICATIONS		
	Blank	No special rate
	D	Discount rate agreement[2]
	P	Per diem rate agreement[1]
	A	DRG reimbursement with 4% discount
	B	DRG reimbursement with 3% discount
	C	DRG reimbursement with 2% discount
	E	DRG reimbursement with 1% discount
	F	DRG reimbursement with no discount
	G	TRICARE/CHAMPUS DRG reimbursement with LONG STAY OUTLIER[1]
	H	TRICARE/CHAMPUS DRG reimbursement with SHORT STAY OUTLIER[1]
	I	TRICARE/CHAMPUS DRG reimbursement with COST OUTLIER[1]
	J	TRICARE/CHAMPUS DRG reimbursement with NO OUTLIER[1]
	K	Hospital-Specific Psychiatric Per Diem Rate[1]
	L	Region-Specific Psychiatric Per Diem Rate[1]
	M	Discounted TRICARE/CHAMPUS DRG reimbursement with LONG STAY OUTLIER[1]
	N	Discounted TRICARE/CHAMPUS DRG reimbursement with SHORT STAY OUTLIER[1]

NOTES AND SPECIAL INSTRUCTIONS:
   Left justified, blank filled.
   [1] Institutional only.
   [2] Required for a provider with a negotiated rate when OHI is involved, unless Special Processing Codes 'A', or 'M' are used.

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPECIAL RATE CODE (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	O	Discounted TRICARE/CHAMPUS DRG reimbursement with COST OUTLIER[1]	
	Q	Discounted TRICARE/CHAMPUS DRG reimbursement with NO OUTLIER[1]	
	R	Ambulatory Surgery Facility Payment Rate	
	S	Discounted Ambulatory Surgery Facility Payment Rate	
	T	Non-participating Provider 10% Payment Reduction	
	U	Supplemental Health Care Program Claim or Active Duty Member TPR Claim Paid Outside Normal Limits	
	V	Medicare Reimbursement Rate	
ALGORITHM	N/A		

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	PROCESSING CODE

NOTES AND SPECIAL INSTRUCTIONS:
Left justified, blank filled.
[1] Institutional only.
[2] Required for a provider with a negotiated rate when OHI is involved, unless Special Processing Codes 'A', or 'M' are used.

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPONSOR BRANCH OF SERVICE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-055	1	Yes[1]
Non-Institutional	2-055	1	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.

DEFINITION	Sponsor's Uniformed Service Branch or Organization.

CODE/VALUE SPECIFICATIONS	A	Army
	C	CHAMPVA (Denied CHAMPVA Claims only after 01/01/96)
	E	Public Health Service
	F	Air Force
	I	NOAA
	M	Marines
	N	Navy
	P	Coast Guard

ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

[1] Download from DEERS; if unavailable from DEERS, report branch of service from the claim or treatment encounter data. 'X' and 'Z' are not allowed. For NATO claims, the code/value that reflects the sponsoring military service of the NATO member shall be used and "Sponsor Status" shall be reported as 'T' (locator numbers 1-065 and 2-065). For CHAMPVA claims, which are identified by the occurrence of an Alternate Care Flag, report Branch of Service 'C' rather than the actual value returned from DEERS.

Also refer to Chapter 9.

NOTE: **This last requirement does not apply to at-risk contractors.**

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPONSOR PAY GRADE

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-050	1	Yes[1]
Non-Institutional	2-050	1	Yes[1]

PRIMARY PICTURE (FORMAT)	Two (2) alphanumeric characters.
DEFINITION	Sponsor's pay grade.

CODE/VALUE SPECIFICATIONS	01-09	Enlisted (E1 - E9)
	11-15	Warrant Officer (W1 - W5)
	19	Academy or Navy OCS Students
	20	Unknown Officer
	21-31	Officer (O1 - O11)
	41-58	GS1 - GS18
	90	Unknown (including NATO)
	95	Not applicable (including CHAMPVA)
	99	Other

ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:

   [1] **For HCSRs reporting services under Program for Persons with Disabilities, Sponsor Pay Grade must be one of the following 01-09, 11-15, or 21-31.**

   Download field from DEERS. Refer to Chapter 9 for specific instructions.

DATA ELEMENT DEFINITION

ELEMENT NAME: SPONSOR SOCIAL SECURITY NUMBER

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-045	1	Yes
Non-Institutional	2-045	1	Yes

PRIMARY PICTURE (FORMAT)	Nine (9) alphanumeric characters.
DEFINITION	Sponsor Social Security number as verified through DEERS.
CODE/VALUE SPECIFICATIONS	N/A
ALGORITHM	N/A

SUBORDINATE AND/OR GROUP ELEMENTS

SUBORDINATE	GROUP
N/A	N/A

NOTES AND SPECIAL INSTRUCTIONS:
Must be numeric or blank.
Download field from DEERS. Refer to Chapter 9 for specific instructions.

DATA ELEMENT DEFINITION

ELEMENT NAME:	SPONSOR STATUS

RECORDS/LOCATOR NUMBERS

RECORD NAME	LOCATOR#	OCCURRENCES	REQUIRED
Institutional	1-065	1	Yes[1]
Non-Institutional	2-065	1	Yes[1]

PRIMARY PICTURE (FORMAT)	One (1) alphanumeric character.
DEFINITION	Code indicating current status of the sponsor at the time the care was rendered, as verified through DEERS.

CODE/VALUE SPECIFICATIONS	**Active Duty**	
	A	Active Duty
	B	Recalled to Active Duty
	J	Academy Student/Navy OCS
	N	National Guard
	Q	Prisoner/Appellate
	V	Reserve
	T	Foreign Military (NATO)
	Retired	
	D	100% Disabled
	F	Former Member
	I	Permanently Disabled
	O	Temporarily Disabled
	R	Retired
	W	Title III Retiree
	Deceased	
	K	Deceased
	Other	
	C	Civilian
	H	Medal of Honor
	P	TAMP Designee

NOTES AND SPECIAL INSTRUCTIONS:

[1] NATO HCSRs must be reported using code 'T' Foreign Military even though DEERs includes them in code 'X' other.

Download field from DEERS. Refer to Chapter 9 for specific instructions.

DATA ELEMENT DEFINITION

ELEMENT NAME: SPONSOR STATUS (CONTINUED)		
CODE/VALUE SPECIFICATIONS (CONTINUED)	U	Foreign National
	X	Other
	Z	Unknown
ALGORITHM N/A		

SUBORDINATE AND/OR GROUP ELEMENTS	
SUBORDINATE	GROUP
N/A	BENEFICIARY CATEGORY

NOTES AND SPECIAL INSTRUCTIONS:

[1] **NATO HCSRs must be reported using code 'T' Foreign Military even though DEERs includes them in code 'X' other.**

Download field from DEERS. Refer to Chapter 9 for specific instructions.